

# CTICAL RESPONSE REPORT/Chicago Police Department

| 1. DATE OF INCIDENT<br><b>24-MAY-2017</b>  |   | TIME<br><b>11:15:00</b>   |  | 2. ADDRESS OF OCCURRENCE<br><b>1643 N LECLAIRE AVE CHICAGO, IL 60639</b>   |   | 3. LOCATION CODE<br><b>092</b>  |  | 4. BEAT/OCCUR<br><b>2533</b>  |  | 5. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA<br><input type="checkbox"/> 03 OTHER REPT VIDEO      |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
|--|---|---|--|--|---|---|--|---|--|--|--|-----------------------|--|-----------------------|--|----|------------------|-----------------|-----------------|-----------------|----------------------|-------------------|---|-------------------------------|--|---|---|--|--------------------------------------|-------------|--|---------------------------------|-------------------|-------------|----------------------------------|---|-------------|--------------------|---|---|---------------------------------------|--------------------------------------|----------------------------------|---|---|---|--------------------------------|-------------|---------------------------------------|---|---|---|--|---|---------------------------------|-------------|--|--|---|--|--|--|--|---|---|--|--|--|---|--|--|--|--|---|--|--|--|--|--|-------------|--|--|--|-------------|--|--|--|--|
| 6. POSITION<br><b>9161</b>   |   | 7. LAST NAME<br><b>BRACKEN</b>  |  | 8. FIRST NAME<br><b>MATTHEW J</b>  |   | 9. STAR NO.<br><b>13910</b>   |  | 10. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   |  | 11. RACE CODE<br><b>WHI</b>  |  | 12. AGE<br><b>608</b> |  | 14. WT.<br><b>205</b> |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 15. DATE OF APPT<br><b>18-DEC-2006</b>   |   | 16. EMPLOYEE NO.<br><b>[REDACTED]</b>                                 |  | 17. UNIT & BEAT OF ASSIGNMENT<br><b>015</b>  |   | 18. DUTY STATUS<br><input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off  |  | 19. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  | 20. MEMBER IN UNIFORM?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 21. LAST NAME<br><b>WISE</b>   |   | 22. FIRST NAME<br><b>KAYIN</b>  |  | 23. M.L.<br><b>[REDACTED]</b>  |   | 24. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   |  | 25. RACE<br><b>BLK</b>  |  | 26. DOB<br><b>[REDACTED]-1999</b>  |  | 27. HT.<br><b>507</b> |  | 28. WT<br><b>160</b>  |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 29. ADDRESS<br><b>60639 CHICAGO, IL</b>  |   | 30. TELEPHONE NO.<br><b>[REDACTED]</b>                                |  | 31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   | 32. SUBJECT INJURED BY MEMBER?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |  | 33. SUBJECT ALLEGED INJURY BY MEMBER?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 34. IF SUBJECT INJURED, DESCRIBE INJURY<br><input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None   |   |   |  | 35. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 36. BY WHOM?   |   |   |  | 37. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid                  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 38. CHARGES PLACED<br>***** PLEASE SEE NEXT PAGE *****   |   |   |  | 39. CB NO.<br><b>19484301</b>  |   | IR NO.<br><b>[REDACTED]</b>   |  | DNA <input type="checkbox"/>  |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;">40</th> <th style="width:25%;">PASSIVE RESISTER</th> <th style="width:25%;">ACTIVE RESISTER</th> <th style="width:25%;">ASSAULT/ASSAULT</th> <th style="width:20%;">ASSAULT/BATTERY</th> <th style="width:20%;">ASSAULT/DEADLY FORCE</th> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg);">MEMBER'S RESPONSE</td> <td>OTHER _____</td> <td>OTHER DIDNT SHOW HANDS/TUR _____</td> <td>PERCEIVED AS USED VEHICLE AS WEAPON _____</td> <td>OTHER _____</td> <td>PERCEIVED AS _____</td> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td>WRISTLOCK <input checked="" type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>ARM BAR <input checked="" type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (ARC Cycle) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEAD WITH AUTHORIZATION <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |   |   |  |  |   |   |  |   |  |  |  |                       |  |                       |  | 40 | PASSIVE RESISTER | ACTIVE RESISTER | ASSAULT/ASSAULT | ASSAULT/BATTERY | ASSAULT/DEADLY FORCE | SUBJECT'S ACTIONS | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | FLED <input type="checkbox"/> | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | ATTACK WITH WEAPON <input type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | PULLED AWAY <input type="checkbox"/> | OTHER _____ | ATTACK WITHOUT WEAPON <input type="checkbox"/> | WEAPON <input type="checkbox"/> | MEMBER'S RESPONSE | OTHER _____ | OTHER DIDNT SHOW HANDS/TUR _____ | PERCEIVED AS USED VEHICLE AS WEAPON _____ | OTHER _____ | PERCEIVED AS _____ | MEMBER PRESENCE <input checked="" type="checkbox"/> | OPEN HAND STRIKE <input type="checkbox"/> | ELBOW STRIKE <input type="checkbox"/> | KNEE STRIKE <input type="checkbox"/> | FIREARM <input type="checkbox"/> | VERBAL COMMANDS <input checked="" type="checkbox"/> | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | KICKS <input type="checkbox"/> | OTHER _____ | ESCORT HOLDS <input type="checkbox"/> | OC CHEMICAL WEAPON <input type="checkbox"/> | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> |  | WRISTLOCK <input checked="" type="checkbox"/> | CANINE <input type="checkbox"/> | OTHER _____ |  |  | ARM BAR <input checked="" type="checkbox"/> | TASER (Probe Discharge) <input type="checkbox"/> |  |  |  | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | TASER (Contact Stun) <input type="checkbox"/> |  |  |  | CONTROL INSTRUMENT <input type="checkbox"/> | TASER (ARC Cycle) <input type="checkbox"/> |  |  |  | OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | TASER (Spark Displayed) <input type="checkbox"/> |  |  |  | LEAD WITH AUTHORIZATION <input type="checkbox"/> | OTHER _____ |  |  |  | OTHER _____ |  |  |  |  |
| 40   | PASSIVE RESISTER  | ACTIVE RESISTER   | ASSAULT/ASSAULT  | ASSAULT/BATTERY  | ASSAULT/DEADLY FORCE  |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| SUBJECT'S ACTIONS  | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | FLED <input type="checkbox"/>   | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | ATTACK WITH WEAPON <input type="checkbox"/>  | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
|  | STIFFENED (DEAD WEIGHT) <input type="checkbox"/>                    | PULLED AWAY <input type="checkbox"/>                                  | OTHER _____  | ATTACK WITHOUT WEAPON <input type="checkbox"/>   | WEAPON <input type="checkbox"/>   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| MEMBER'S RESPONSE  | OTHER _____   | OTHER DIDNT SHOW HANDS/TUR _____                                      | PERCEIVED AS USED VEHICLE AS WEAPON _____                      | OTHER _____  | PERCEIVED AS _____  |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
|  | MEMBER PRESENCE <input checked="" type="checkbox"/>                 | OPEN HAND STRIKE <input type="checkbox"/>                             | ELBOW STRIKE <input type="checkbox"/>                          | KNEE STRIKE <input type="checkbox"/>   | FIREARM <input type="checkbox"/>  |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
|  | VERBAL COMMANDS <input checked="" type="checkbox"/>                 | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>              | KICKS <input type="checkbox"/>   | OTHER _____   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
|  | ESCORT HOLDS <input type="checkbox"/>                               | OC CHEMICAL WEAPON <input type="checkbox"/>                           | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>    | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
|  | WRISTLOCK <input checked="" type="checkbox"/>                       | CANINE <input type="checkbox"/>                                       | OTHER _____  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
|  | ARM BAR <input checked="" type="checkbox"/>                         | TASER (Probe Discharge) <input type="checkbox"/>                      |  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/>  | TASER (Contact Stun) <input type="checkbox"/>                       |   |  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| CONTROL INSTRUMENT <input type="checkbox"/>  | TASER (ARC Cycle) <input type="checkbox"/>                          |   |  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>  | TASER (Spark Displayed) <input type="checkbox"/>                    |   |  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| LEAD WITH AUTHORIZATION <input type="checkbox"/>   | OTHER _____   |   |  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| OTHER _____  |   |   |  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)  |   |   |  | RANK   |   | STAP NO.  |  | UNIT NO.  |  | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |   |   |  | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |   | 45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER  |   |   |  | 47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors  |   | 48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial |  |   |  | 49. WEATHER CONDITIONS<br><b>CLEAR</b>   |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 50. MAKE/MANUFACTURER  |   |   |  | 51. MODEL  |   | 52. BARREL LENGTH   |  | 53. CALIBER/GAUGE   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 54. TASER DART ID NO   |   |   |  | 55. WEAPON SERIAL No (Include Letters)   |   | 56. CHICAGO GUN REG. NO.  |  | 57. IF FIREARM OWNER ID. NO.  |  | 58. HANDGUN CERTIFICATE NO.  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 59. SPECIAL WEAPON CERTIFICATE NO  |   |   |  | 60. PROPERTY INVENTORY NO.   |   | 61. TYPE OF AMMUNITION USED   |  | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER<br><b>1</b>  |  | 63. TOTAL NO. OF SHOTS MEMBER FIRED  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 64. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)  |   |   |  | 65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO  |   | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED  |  | 67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)   |   |   |  | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO   |   |   |  |  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)   |   |   |  | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - .05 FT <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.   |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |
| 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION   |   |   |  | 74. POSITION OF MEMBER DISCHARGING WEAPON<br><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)  |   |   |  |   |  |  |  |                       |  |                       |  |    |                  |                 |                 |                 |                      |                   |   |                               |  |   |   |  |                                      |             |  |                                 |                   |             |                                  |   |             |                    |   |   |                                       |                                      |                                  |   |   |   |                                |             |                                       |   |   |   |  |   |                                 |             |  |  |   |  |  |  |  |   |   |  |  |  |   |  |  |  |  |   |  |  |  |  |  |             |  |  |  |             |  |  |  |  |

Attachment 1

12

75. EVENT NO  
**1714405845**

76. R.O. NO.  
**JA277099**

|  |   |                         |   |   |                                 |
|--|---|-------------------------|---|---|---------------------------------|
| NOTED<br>MINUTEMAN   | 77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |                         |   | 75. EVENT NO.<br><b>1714405845</b>  |                                 |
|  | 78. ADDITIONAL INFORMATION<br><div style="border: 1px solid black; height: 40px;"></div>  |                         |   |   |                                 |
| 79. REPORTING MEMBER (Print Name)<br><b>BRACKEN, MATTHEW J</b><br><b>24-MAY-2017 21:07:34</b>  |   |                         | STAR/EMPLOYEE NO.<br><b>13910</b>   | SIGNATURE<br><div style="background-color: black; width: 100px; height: 20px;"></div> | 75. R.D. NO.<br><b>JA277099</b> |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. |   |                         |   |   |                                 |
| 80. REVIEWING SUPERVISOR (Print Name)<br><b>OGLIORE, MIA M</b>   |   | STAR NO.<br><b>1765</b> | SIGNATURE<br><div style="background-color: black; width: 100px; height: 20px;"></div> | DATE REVIEWED      TIME<br><b>24-MAY-2017 21:10:39</b>                                |                                 |



## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

51. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Hospital

52. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

U#1710, Based upon the information at this time the officer acted in compliance with Department policy.

53. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

54. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

☐ LOG NO. 1085331 OBTAINED

55. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERENCE V

56.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

57. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE

DATE COMPLETED

TIME

24-MAY-2017 21:45:21